9. Name and Address of Current Registered Agent COROPORATION SYSTEM 00 S PINE ISLAND ROAD ANTATION FL 33324	rtham State	n 9	09/09 4. FEI Nu 59-05	SECRETARY TALLAHASSE DO NOT WRITE I	OF STA E. FLOR	TE IDA
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City & State 28 28 2ip	ounti		5. Certificate of Status Desired		\$8.75 Additions	
Zip Country Zip Country 29 30 30 9. Name and Address of Current Registered Agent COROPORATION SYSTEM 00 8 PINE ISLAND ROAD ANTATION FL 33324	ounti				X	Fee Required
9. Name and Address of Current Registered Agent COROPORATION SYSTEM 00 8 PINE ISLAND ROAD ANTATION FL 33324	ounti			on Campaign Financing Fund Contribution	<u> </u>	\$5.00 May Be
9. Name and Address of Current Registered Agent COROPORATION SYSTEM 00 S PINE ISLAND ROAD ANTATION FL 33324		ry		orporation has liability for in	tangihis :	Added to Fees
COROPORATION SYSTEM 00 S PINE ISLAND ROAD ANTATION FL 33324			Florida	Statutes Ye	is N	
00 S PINE ISLAND ROAD ANTATION FL 33324	81	Name	10. Name	e and Address of New Rec		ent
00 S PINE ISLAND ROAD ANTATION FL 33324	""	Name				<u> </u>
00 S PINE ISLAND ROAD ANTATION FL 33324	82	Street Addr	ess (P.O. R	ox Number is Not Accepted	<u> </u>	
00 S PINE ISLAND ROAD ANTATION FL 33324	L		is Not Acceptable)			
ANTATION FL 33324	83			· · · · · · · · · · · · · · · · · · ·		
Pursuant to the provisions of Sections 2019500						
Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statuton	84	ļ '				85 Zip Code
or registered agent, or both in the Crate of Florida Cont.	the of	bove-named cor	paration sub	omits this statement for the auto-	<u> </u>	
or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	the c	orporation's boa	rd of directo	rs. Thereby accept the appointme	ent as registe) itsregistered offici red agent. Lam
Signature, typed or printed name of registered agent and title if appli		<u>.</u>				
OFFICERS AND DIRECTORS	icable			Agent signature required when	reinstating)	DATE
V VEDO, W R	·····	13.		TIONS/CHANGES TO DEFIC	ERS AND	DIRECTORS IN 12
ET ADDRESS 8240 NW 52ND TERR #200		12 NAME	2	ASSISTANT SECRET	'ARY	Change X Addition
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o hereby certify that the information	na be	84 CITY -ST -	ZIP			~ 6,113F1
artify that the information indicated on this annual report or supplemental annual relations annual report or supplemental annual report or supplemental annual reports in Block 12 or BLO 13 if the corporation or the receiver or trustee employers in Block 12 or BLO 13 if the corporation or the receiver or trustee employers.	report	t is true and acc	ry for the ex Urate and th	semption stated in Section 119.0 nat my signature shall have the s	7(3)(k), Floridame legal eff	le Statutes. further
of an artischment with an address.				required by Chapter 607, Florid	da Statutes, a	nd that my name
SIGNATURE: J M SIGNATURE AND TYPED OR PRINTED NAME OF SIG	Li	therland	ì			